

04/12/00
jc713 U.S. PTO

Attorney Docket No: RCIP-001/01US

PATENT

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

jc542 U.S. PTO
09/548356
04/12/00

UTILITY PATENT APPLICATION TRANSMITTAL

1. Transmitted herewith for filing is a U.S. Utility Patent Application entitled:
System and Method for Data Rights Management

naming as inventors:

**Malcolm W. Lockhart;
D. Gordon Grimes;
Ranjiv Sharma; and
Neal A. Musselwhite**

and including:

- ☐ ~~65~~ ²⁴ pages of description (before the claims);
☐ ~~4~~ ⁷ pages of claims (~~0~~ total claims; ~~0~~ independent claims);
☐ One (1) Sheet of Abstract; and
☐ ~~17~~ ¹⁷ sheets of ~~informal~~ ☐ formal drawing(s) including Figures 1-26.

2. Also enclosed are:

- ☐ ☐ executed ☐ unexecuted Declaration
☐ Assignment and Assignment Recordation Cover Sheet
☐ Power of Attorney
☐ Statement Claiming Small Entity Status under 37 C.F.R. §§ 1.9 and 1.27
☐ Information Disclosure Statement
☐ Preliminary Amendment
☐ Bibliographic data entry sheet
☐ Other:

3. ☐ Please amend the specification by inserting before the first line the sentence: --
This application claims priority under 35 U.S.C. §§119 and/or 365 to _____ filed
in _____ on _____, the entire content of which is hereby incorporated by
reference.--
4. ☐ Please amend the specification by inserting before the first line the sentence: --
This application claims priority under 35 U.S.C. §119(e) to U.S. Provisional

Application No. _____, filed _____, the entire content of which is hereby incorporated by reference.--

5. The filing fee has been calculated as follows [] and in accordance with the enclosed preliminary amendment:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$690.00
Total Claims	24	- 20 =	4	x \$18.00	72.00
Independent Claims	7	- 3 =	4	x \$78.00	312.00
If multiple dependent claims are presented, add \$260.00					
Total Application Fee					1074.00
If a statement claiming small entity status is enclosed, subtract 50% of Total Application Fee					
Other fees: (specify)					
TOTAL FEE DUE					1074.00

[X] This application is being filed without a filing fee.

[] Check No. _____ in the amount of \$_____ for the total fee is attached.

[] Please charge \$_____ to Deposit Account No. 501283 for the total fee.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 501283. This paper is submitted in triplicate.

6. Please direct all correspondence concerning this application to:

COOLEY GODWARD LLP
Attention: Patent Group
One Freedom Square - Reston Town Center
11951 Freedom Drive
Reston, Virginia 20190-5601
Tel: (703) 456-8000
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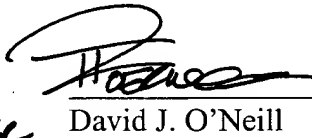
CUSTOMER NUMBER: **022903**



Dated: APRIL 12, 2000

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Respectfully submitted,
COOLEY GODWARD LLP

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